

The Mayor E. Donald Conroy Scholarship

P.O. Box 773 Babylon, N.Y. 11702-0773

APPLICATION

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The Mayor E. Donald Conroy Scholarship is an award to a high school senior, who attends Babylon High School, or is a resident of Babylon Village who attends a private or other public high school, and plans to enroll in a full-time undergraduate course of study at an accredited two-year or four-year college or university, business school, school of nursing or technical school.

The scholarship award is in the amount of \$10,000, payable after presentation of evidence of registration.

The scholarship shall be awarded by the Mayor E. Donald Conroy Scholarship Committee based on its review of an outstanding applicant who has made a contribution to Babylon Village through community service.

Type or print all i	nformation in black ink.
Name	Date
Address	
Phone	
N CD //C 1'	
All information on this form is true and complete to the	EEMENT he best of my (our) knowledge. If asked by the committee, e) have given on this form. I (we) also realize that if I
(we) do not give proof if asked, the student will not be	e considered for the scholarship.
PARENT/GUARDIAN SIGNATURE	DATE
APPLICANT SIGNATURE Page 1 of 9	DATE

Applicant Name

Note: The Scholarship Committee does **NOT** receive the cover page of the application. The applicant's identity is never revealed. Only the name of the winner will be announced after the selection is made. All information will remain strictly confidential.

When the application is received, an ID number will be assigned to it. The name will be removed from all pages before the Scholarship Committee is given the application.

Instructions

Type or print in black ink.

- 1. Select a Sponsor. The sponsor is an adult (not a relative) who has supervised or worked with you on a community service project. Ask your sponsor to write a statement (Page 9) in support of your application.
- 2. Give your sponsor The Sponsor Statement Page from this application (Page 9) and an envelope stamped and addressed to your guidance counselor at your high school. Request your sponsor submit the statement by the fifteenth of March.
- 3. Complete your Applicant Statement.
- 4. Complete all parts of the Application.
- 5. Reread the Cover Page and sign the Agreement.
- 6. Have your parent/guardian read the Cover Page and sign the Agreement.
- 7. Give your Application, including your completed Applicant Statement to your Guidance Counselor for completion.
- 8. Guidance Counselor must mail the completed Application, including the Sponsor Statement received, to the Mayor E. Donald Conroy Scholarship Committee by April 1st.

The Mayor E. Donald Conroy Scholarship Scholarship Application P.O. Box 773 Babylon, N.Y. 11702-0773

Mavor E	. Donald	Conrov	Scholarship
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ID Number

APPLICANT STATEMENT

As Mayor of the Village of Babylon what would you do to:

- Improve the quality of life in the Village of Babylon
 Enhance the aesthetics of Babylon Village
- What programs or possible projects would you create to encourage community spirit and participation?

N	Tavor	E.	Donald	Conrov	Scholarship

ID Number

COMMUNITY SERVICE

For each of your high school years list all organizations in which you have volunteered within the community. Indicate the manner in which you have given your service. Include the name of the supervisor/contact person for each organization. Fill in the service performed and/or accomplishments you achieved. Record the hours of service (weekly, monthly, etc.) and then calculate the total number of volunteer hours given per year for each organization. (Hospital, Nursing Home, Church, Special Olympics, Boy/Girl Scouts, Leo Club, Conklin House, Babylon Beautification Society, etc.)

Grade 9			į I	Iours Dec	dicated		
Organization	Supervisor	Service Performed Accomplishments	Weekly	Monthly	Yearly	One Time Event	Total Hrs.

Grade 10			I	Iours Dec	dicated		
Organization	Supervisor	Service Performed Accomplishments	Weekly	Monthly	Yearly	One Time Event	Total Hrs.

Mayor E. Donald Conroy Scholarship

ID	Numl	ber	
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COMMUNITY SERVICE (cont'd)

Grade 11			Hours Dedicated				
Organization	Supervisor	Service Performed Accomplishments	Weekly	Monthly	Yearly	One Time Event	Tota Hrs.

Grade 12		Hours Dedicated					
Organization	Supervisor	Service Performed Accomplishments	Weekly	Monthly	Yearly	One Time Event	Tota Hrs

Mayor E. Donald Conroy Scholarship	ID Number
SCHOOL ACTIVAL List all school activities in which you have participated. Include the name(s) of your supervisor/coach.	
Grade 9	
Grade 10	
Grade 11	
Grade 12	

Mayor E. Donald Conroy Scholarship	ID Number
List any after school and summer employment. Indicate places, dates and amounts of time spent each week, m	
List the schools to which you have applied. Indicate if you have	ve already received acceptance.

The applicant ranks in a class of students. Un-weighted average Weighted average SAT: Verbal Math Written Total Community Service Hours:	NAME OF SCHOOL The applicant ranks in a class of students. Un-weighted average Weighted average SAT: Verbal Math Written Total Community Service Hours: GUIDANCE COUNSELOR RECOMMENDATION/STATEMENT:		Scholarship	ID Number
The applicant ranks in a class of students. Un-weighted average Weighted average SAT: Verbal Math Written Total Community Service Hours:	The applicant ranks in a class of students. Un-weighted average Weighted average SAT: Verbal Math Written Total Community Service Hours:		SCHOOL STATE	MENT
SAT: Verbal Math Written Total Community Service Hours:	SAT: Verbal Math Written Total Community Service Hours:	NAME OF SCHOOL		
Total Community Service Hours:	Total Community Service Hours:	The applicant ranks Un-weighted average	in a class of stud Weighted average_	ents.
		SAT: Verbal	Math	Written
GUIDANCE COUNSELOR RECOMMENDATION/STATEMENT:	GUIDANCE COUNSELOR RECOMMENDATION/STATEMENT:	Total Community Service	Hours:	
		GUIDANCE COUNSELO	OR RECOMMENDATION/ST	ATEMENT:

Guidance Counselor Signature/Date

Official School Seal:

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SPONSOR STATES The student is applying for the Mayor E. Donald Conroy School your statement to come from your experience in working with community service volunteer.	olarship. The scholarship committee request
 Describe how the student accomplished his/her ach How did the student demonstrate initiative and self 	
How long have you known the applicant? In what capacity?	

Please return this statement to the applicant's guidance counselor by March 15th.

Print Sponsor Name: